

December 2019: Tips for Successfully Submitting Prior Authorizations

As a contracted provider with Florida Community Care (FCC), successfully submitting prior authorizations is a critical component of the claims approval process. As you already know, “prior authorization” or “preauthorization” is the process of obtaining an approval from FCC to provide specific services before the services are performed.

A common reason providers experience denied claims is due to unsuccessful provider authorization submissions. The following is the link to our website listing our prior authorization requirements, <https://fcchealthplan.com/for-providers/>.

Below are some tips to ensure you successfully submit a prior authorization for services rendered to an FCC member:

- Double check you are providing the correct CPT code before rendering services. Verify the code is the correct treatment in the member’s plan of care.
- Check prior authorization requirements before providing services. Taking this step will help prevent delays and denials of payments that can result from unmet prior authorization requirements.
- Establish a protocol to consistently document data required for prior authorization in the medical record. Following a protocol can help you avoid delays in patient therapy, prevent potential follow-ups with patients for additional information, and minimize time spent on authorizations.
- Regularly follow up to ensure timely prior authorization approval. Track your requests and follow up to prevent delays that can occur if information is not received by FCC.
- When a prior authorization is denied, submit an organized, concise and well-articulated appeal with supporting clinical information. You can increase your chance of successfully overturning a prior authorization denial by making sure all clinical information is included in the appeal, including any data that may have been missing from the initial request.

In the end, it’s better to get an authorization for services regardless of whether the services are actually provided. No penalty is incurred when a procedure has been preauthorized but is not provided, so err on the side of preauthorization.

If you have questions regarding this information, please don’t hesitate to contact Florida Community Care’s toll-free provider line at **833-322-7526, option #5**.

Thank you for partnering with Florida Community Care!

